## DEPARTMENT OF PERSONNEL ADMINISTRATION BENEFITS DIVISION

## Dental and Vision Plan Premiums Effective January 1, 2008†

			Monthly Premium		
<u>Carrier/Address</u>	Group Number	<u>Deduction Codes</u>	<u>1 Party</u>	2 Party	3 Party
State-Sponsored Dental Plans					
Delta Dental P.O. Box 7736 San Francisco, CA 94120 1-800-225-3368	9949-Excluded (DeltaPremier) 9949-Rank and File (DeltaPremier) 9946-Excluded and Rank and File (PPO)	351-008 351-007 351-018	\$50.06 \$48.07* \$40.87**	\$100.08 \$85.12* \$80.65**	\$141.22 \$123.75* \$121.98**
Safeguard 95 Enterprise Aliso Viejo, CA 92656 <b>1-800-880-1800</b>	SOC Standard Plan SOC Enhanced Plan Parent Group. Number 156777	351-016 351-015	\$15.11 \$14.78	\$24.48 \$25.02	\$34.29 \$30.82
DeltaCare USA 12898 Towne Center Drive Cerritos, CA 90703 1-800-422-4234	2003	351-009	\$17.35	\$28.47	\$39.38
Union Sponsored Dental Plans					
CAHP/Blue Cross (R05) CCPOA/Primary Dental (R06) CCPOA/Western Dental (R06)	336817-A Fee-For-Service Prepaid	351-013 351-006 351-249	\$44.05*** \$95.93****† \$95.93****†	\$77.84*** \$95.93****† \$95.93****†	\$113.81*** \$95.93****† \$95.93****†
State-Sponsored Vision Plan					
Vision Service Plan 3333 Quality Drive Rancho Cordova, CA 95670 1-800-877-7195	12020000	475-001-Non CoBen 475-002-CoBen	\$9.19 \$9.19	\$9.19 \$9.19	\$9.19 \$9.19

<sup>\*</sup> Employee Share: 1 party - \$12.02 / 2 party - \$21.28 / 3 or more party - \$30.94

(RO5 Employees' share for the DeltaPremier Plan is \$17.02/\$30.28/\$42.94 and \$15.22/\$29.16/\$42.50 for the PPO plan). (Under CoBen the total premium is deducted from the benefit allowance). (The dental/vision premiums above do not include the administrative fee of \$1.69/mo.).

<sup>\*\*</sup> Employee Share: 1 party - \$10.22 / 2 party - \$20.16 / 3 or more party - \$30.50

<sup>\*\*\*</sup> CAHP Employee Share (w/subsidy): 1 party - \$8.00 / 2 party - \$14.00 / 3 or more party - \$21.00

<sup>\*\*\*\*</sup> CCPOA Employee Share \$51.60 (new rate and contribution take effect 4/1/2008)+